



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



CONFIRMATION NO. 4309

Bib Data Sheet

|                             |  |              |                        |  |
|-----------------------------|--|--------------|------------------------|--|
| SERIAL NUMBER<br>10/010,723 | FILING OR 371(c)<br>DATE<br>12/06/2001<br>RULE | CLASS<br>604 | GROUP ART UNIT<br>3767 | ATTORNEY<br>DOCKET NO.<br>BVTP-P04-506 |
|-----------------------------|--|--------------|------------------------|--|

## APPLICANTS

Mark G. Allen, Atlanta, GA;  
 Mark R. Prausnitz, Decatur, GA;  
 Devin V. McAllister, Holley, NY;  
 Florent Paul Marcel Cros, Atlanta, GA;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/316,229 05/21/1999 PAT 6,334,856 which is a CIP of 09/095,221  
 06/10/1998 PAT 6,503,231

W 6/20/06

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

W 6/20/06

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 01/26/2002

|  |                        |                        |                      |                            |
|--|------------------------|------------------------|----------------------|----------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no                                   | STATE OR COUNTRY<br>GA | SHEETS<br>DRAWING<br>7 | TOTAL<br>CLAIMS<br>1 | INDEPENDENT<br>CLAIMS<br>1 |
| 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met | Allowance              |                        |                      |                            |
| Verified and<br>Acknowledged   | Examiner's Signature   | Initials               |                      |                            |

## ADDRESS

28120

## TITLE

Microneedle devices and methods of manufacture and use thereof

|                               |   |   |
|-------------------------------|---|---|
| FILING FEE<br>RECEIVED<br>605 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|-------------------------------|---|---|